

Important notice to the person executing the	Need help? Give us a call Monday – Friday from 8am – 7pm CT at 1-833-711-2253		
This is an important legal document. It creat provides the person you designate as your powers it sets forth. You have the right to t			
If there is anything about this form that you ask a lawyer to explain it to you.	-	Individuals with speech or hearing disabilities may dial 711 to access TRS from a telephone or TTY.	
Name of the Beneficiary on the ABLE accou	nt (First and last)	Mail the form to:	
		Alabama ABLE	
Alabama ARI E account number (If available)		P.O. Box 9894	
Alabama ABLE account number (If available)		Providence, RI 02940-8094	
		Overnight Mail: Alabama ABLE	
		4400 Computer Drive Westborough, MA 01581	
l, of			
Name of the Beneficiary (First and last)	Address of Beneficiary		
do hereby, make constitute and appoint			
	Name of the Attorney-In-Fact (First a	nd last)	
whose specimen signature is			
	Signature of the Attorny-In-Fact (First	t and last)	
and whose address is			
	Address of Attorney-In-Fact		
my true and lawful Attorney-in-Fact. All refere successors. In the event the above mentioned reason,		•	
I appoint	Name of the Successor Attorney-in-	Fact (First and last)	
whose specimen signature is			
	Signature of the Successor Attorney-in-Fact (First and last)		
and whose address is			
my true and lawful Attorney-in-Fact All refer	Address of Successor Attorney-in-Fa		



successors.



THIS IS A DURABLE POWER OF ATTORNEY AND THE AUTHORITY OF MY ATTORNEY-IN-FACT SHALL NOT TERMINATE IF I LATER BECOME INCAPACITATED OR IN THE EVENT OF LATER UNCERTAINTY AS TO WHETHER I AM DEAD OR ALIVE.

I give and grant, and have the legal capacity to grant, to my Attorney-in-Fact the power to act on my behalf with respect to the above referenced ABLE account, such power to be used for my benefit and to be exercised by my Attorney-in-Fact only in a fiduciary capacity. Specifically, my Attorney-in-Fact shall have the power:

To deposit or invest funds owned wholly or partly by me in the above referenced ABLE account;	to withdraw, now or in the future, any funds from the above referenced ABLE account;	to select the investment option(s) for the contributions to the ABLE account;	to change the beneficiary of the above- referenced ABLE account;	to make representations and certifications on the beneficiary's behalf and to otherwise manage and enter into all other lawful transactions with respect to the above referenced ABLE account.
Beneficiary Initial	Beneficiary Initial	Beneficiary Initial	Beneficiary Initial	Beneficiary Initial

I hereby agree to indemnify and hold **Alabama ABLE Savings Plan ("Alabama ABLE"),** and each of their service providers, harmless from acting upon instructions, either oral or in writing, believed to have originated from said Attorney-in-Fact and from any and all acts of said Attorney-in-Fact with respect to my Alabama ABLE account.

The authorization and indemnity is a continuing one and shall remain in full force and effect and shall be binding upon the undersigned's heirs, executors, successors, beneficiaries, or assigns until revoked by the undersigned by a written notice addressed and delivered to Alabama ABLE, P.O. Box 9894, Providence, RI 02940-8094. Such revocation shall not affect any liability in any way resulting from transactions initiated prior to Alabama ABLE or the Board acting on such revocation within a reasonable amount of time. In case of the death, disability or incompetence of the undersigned, this authorization shall continue and Alabama ABLE, the Board, or any of its affiliates, shall not be responsible for any action taken on the basis of this authorization until the Alabama ABLE has received written notice thereof addressed to the Alabama ABLE and delivered to Alabama ABLE Savings Plan's address listed above.

Any grant of a Durable Power of Attorney made by me subsequent to the date of execution of this Durable Power of Attorney shall not revoke this Durable Power of Attorney, unless the subsequent Durable Power of Attorney contains a statement to the contrary and specifically refers to this Durable Power of Attorney by its date. Any person relying on this power of attorney may rely on a photocopy as if it were an original.

The undersigned has read the foregoing in its entirety before signing.

I have signed and sealed this Power of Attorney this $\frac{}{\mathbf{Day}(\mathbf{\#})}$	day of , 20 Year
Signature of Beneficiary	Beneficiary Name Printed
Witness #1 Signature	Witness #2 Signature
Witness #1 Name Printed	Witness #2 Name Printed



STATE OF ALABAMA		
COUNTY OF		
County		
Before me, the undersigned au	thority, personally appeared	
	Nan	ne of the Attorney-In-Fact (First and last)
who, after being first duly swor	n, deposes and says he/she has	read and understands the foregoing document.
Subscribed and sworn to befor physical presence or on this day of Day (#) Month	nline notarization	Notary Public (Seal)
Personally known		
OR		
Produced Identification	n	
Type of Identification Produce		
My commission expires:		
	(mm/dd/yyyy)	
Signature of Notary Public		



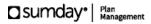


Affidavit of Atto	orney-In-Fact		
STATE OF ALABAI	MA		
COUNTY OF		-	
Cou	inty		
	torney-In-Fact (First ar		, of lawful age, being duly sworn on
his oath says that	Name of the Benefic		, as principle, who resides at
Address of the Be	eneficiary		
	_ day of Month	, 20 Year	appoint me true and lawful attorney by the
foregoing instrume	ent hereby made a part	t hereof.	





Before me, the undersigned authority, personally appeared	I	
	Signature of the Attorney-In-Fact	Date
	Name of the Attorney-In-Fact (First and la	ast)
who, after being first duly sworn, deposes and says he/she affidavit is true and correct to the best of his/her knowledg		Affidavit and the
Subscribed and sworn to before me	Notary Public	(Soal)
physical presence or online notarization	Notary Public	(Seal)
this , 20		
Day (#) Month Year		
Personally known OR		
Produced Identification		
Type of Identification Produced		
My commission expires:		
Date (mm/dd/yyyy)		
Signature of Notary Public		



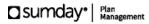


STATE OF ALABAMA	
COUNTY OF	
County	
Before me, the undersigned authority, personally appeared	
Na	me of the Successor Attorney-In-Fact (First and last)
who, after being first duly sworn, deposes and says he/she has	read and understands the foregoing document.
Subscribed and sworn to before me	Notary Public (Seal)
physical presence or online notarization	
this day of , 20	
Day (#) Month Year	
Personally known	
OR	
Produced Identification	
Town of Identification Dundress d	
Type of Identification Produced	
My commission expires:	
Date (mm/dd/yyyy)	
Signature of Notary Public	





Affidavit of Sul	ostitute	Attorney-I	n-Fact	
STATE OF ALABA	MA			
COUNTY OF			_	
Cou	unty			
			Fact (First and last)	, of lawful age, being duly sworn on
his oath says that			ciary (First and last)	, as principle, who resides at
Address of the Bo	eneficiary			
did on this	_ day of		, 20	appoint me true and lawful attorney by the
Day (#	·)	Month	Year	
foregoing instrume	ent hereby	/ made a par	t hereof.	





Before me, the undersigned	d authority, personally appeared	
		Signature of the Successor Attorney-In-Fact Date
uyba aftar baina firat duly a	were denoted and only he labor	Name of the Successor Attorney-In-Fact (First and last)
	to the best of his/her knowledg	has read and understands the foregoing Affidavit and the e and belief.
Subscribed and sworn to b physical presence or [Notary Public (Seal)
this day of Day (#) Mont	, 20	
Personally known	ı	
Produced Identific	cation	
Type of Identification Prod	luced	
My commission expires: _		
D	Pate (mm/dd/yyyy)	
Signature of Notary Public		

